

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>01/16/2000</i>
O.I.P.E. CLASSIFIER		59	170400
FORMALITY REVIEW		71622	23-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
✗	Allowed	I	Interference
—	(Through numeral)...	Canceled	Appeal
÷		Restricted	Objected

Claim	Date			
Final	Original	1	2	3
1	1	✓	✓	✓
2	2	✓	✓	✓
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8	8	✓	✓	✓
9	9	✓		
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12	12	✓		
13	13	✓	✓	✓
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16	16	✓		
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Claim	Date				
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Claim	Date				
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If more than 150 claims or 10 actions
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